



FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/057,414
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	January 25, 2002
251.00		First Named Inventor	John F. Shanley
		Examiner Name	Thaler, Michael H.
		Group Art Unit	3731
		Attorney Docket No.	P040

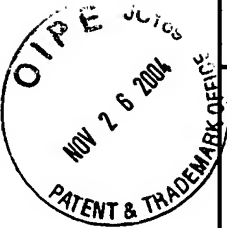
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number: 50-3100			
Deposit Account Name: Conor Medsystems, Inc.			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) (\$) 0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	38
Independent Claims	2
Multiple Dependent	
SUBTOTAL (2) (\$) 36.00	

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1051 130	2051 65
1052 50	2052 25
1053 130	1053 130
1812 2,520	1812 2,520
1804 920*	1804 920*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 430	2252 215
1253 950	2253 475
1254 1,480	2254 740
1255 2,010	2255 1,005
1401 330	2401 165
1402 330	2402 165
1403 290	2403 145
1451 1,510	1451 1,510
1452 110	2452 55
1453 1,330	2453 665
1501 1,330	2501 665
1502 480	2502 240
1503 640	2503 320
1460 130	1460 130
1807 50	1807 50
1806 180	1806 180
8021 40	8021 40
1809 770	2809 385
1810 770	2810 385
1801 770	2801 385
1802 900	1802 900
SUBTOTAL (3) (\$) 215.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Cindy A. Lynch	Registration No. (Attorney/Agent)	38,699
Signature		Telephone	(650) 614-4131
		Date	November 22, 2004



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. P040
In re Application of John F. Shanley		
Application Number 10/057,414	Filed January 25, 2002	
For: EXPANDABLE MEDICAL DEVICE WITH TAPERED HINGE		
Art Unit 3731	Examiner Thaler, Michael H.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | | |
|-------------------------------------|----------------------------------|----|--------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ | |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | 430.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 215.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3100

~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

November 22, 2004

Date

650-614-4131

Telephone Number

Signature
Cindy A. Lynch
Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ Total of One forms are submitted.

10057414

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01 FC:2252 215.00 DA